

**To: DHS Field Operations Support Unit (FOSU)**

Date Call Received:  
Person receiving call:

**From: DIA Investigations Division**

A. Completed by: DIA

**AWARE HOTLINE COMPLAINT**

Name of Client:

Spouse:

Address:

City:

Child:

SID:

DOB/Age:

Child:

SID:

DOB/Age:

Nature of Complaint:

Case Number:

SID:

Worker No:

County:

Aid Type:

B. Completed by: FIELD OPERATIONS SUPPORT UNIT

Local office response due to FOSU:

Log #:

Referral sent to:

Date sent:

Copy sent to:

Comments:

C. Completed by: LOCAL DHS OFFICE

Check the appropriate response and complete. Return referral via e-mail to FOSU with a copy to the IMS2.

\_\_\_\_\_ 1. No referral to DIA because: (state reason)

\_\_\_\_\_ 2. Referral sent to DIA for front end investigation on

\_\_\_\_\_ 3. Referral sent to DIA for fraud investigation on

\_\_\_\_\_ 4. Completed a Overpayment Recovery Information Input, form 470-0464 (PA-2228-0) on

**IMPORTANT:** This document serves as the referral form DIA.

File a paper copy of this referral in the case record.

**THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION FOR THE DEPARTMENT OF HUMAN SERVICES. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.**

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